

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

MDR Tracking #: M2-03-0929-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury ____ when he lifted a container of about 15 gallons of paint thinner and experienced a sudden onset of back pain. He was treated with chiropractic and physical therapies but still reported considerable back pain. An MRI from 12/11/02 revealed a diffuse bulging disc with moderate bilateral foraminal stenosis and central stenosis at L4-5 in addition to bilateral pars fractures of L4.

Requested Service(s)

Work hardening program

Decision

It is determined that the proposed work hardening program is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient underwent a functional capacity evaluation (FCE) on 02/19/03 that revealed the patient was not able to meet his current job duties. The patient had electromyography (EMG) and nerve conduction velocity (NCV) studies on 02/20/03, which revealed evidence of tibia nerve irritation.

Work hardening programs are interdisciplinary in nature with a capacity for addressing the functional, physical, behavioral, and vocational needs of the injured employee while providing a transition between management of the initial injury and return to work. The medical records reviewed did not support the use of a multidisciplinary work hardening program as there was no evidence of psychological dysfunction interfering with the patient's ability to return to work.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c))

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 6 th day of June 2003.
--